

8250 SAM FURR RD

00921112

5/31/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

Mecklenburg County
Health Department

Basil G. Deltu, M.D., M.P.H.
Health Director

November 20th, 1989

Land Acquisitions, Inc.
20721 Torrence Chaple Rd., #102B
Davidson, NC 28036

RE: Property located at Sam Furr Road
FILE: 5284A
PARCEL: 00914101 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 15945) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

File # 5306A
5318A
5319A
5320A
5284A
5321A

Date ~~2-10-89~~

Name/Company ~~R C S, Inc.~~

Sanitation _____

Vector Control _____

O.P.W.D. _____

Service: ~~J P. New Home~~
~~8300 San Juan Rd~~
~~8310~~ " " "
~~8324~~ " " "
~~8336~~ " " "
3332 " " "
8250 " " "

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 10 1989
10

Fee: $ ~~450.00~~

ck # 14430
$450.00

Completed by Jackie Sherman

Collected by _____

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)

FILE: 5284A

TC: _____

SERIAL: № 16153 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 8250 (STREET NO.) SAM FURR ROAD (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 009-141-01 PO

⑤ SUBDIVISION: _____ ⑥ LOT: 1 ⑦ BLOCK: _____

OWNER

⑧ NAME: LAND ACQUISITIONS (FIRST) / Tim (MIDDLE) PLYLER (LAST)

⑨ MAILING ADDRESS: 20721 TORRENCE CHAPEL RD, SUITE 102B

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28036

⑬ PHONE: (WORK) 892-4600 ⑭ (HOME) 892-9585

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 ㉕ Type? _____

㉓ Maximum occupancy? 4 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☑ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Jim Plyler (eh)

Date: 2/9/89

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

_____ / _____

Environmentalist Date

_____ / _____

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15945

File: 5284A Action 2

Parcel: 009-141-01 ☐ PC

Location:

Subdivision:

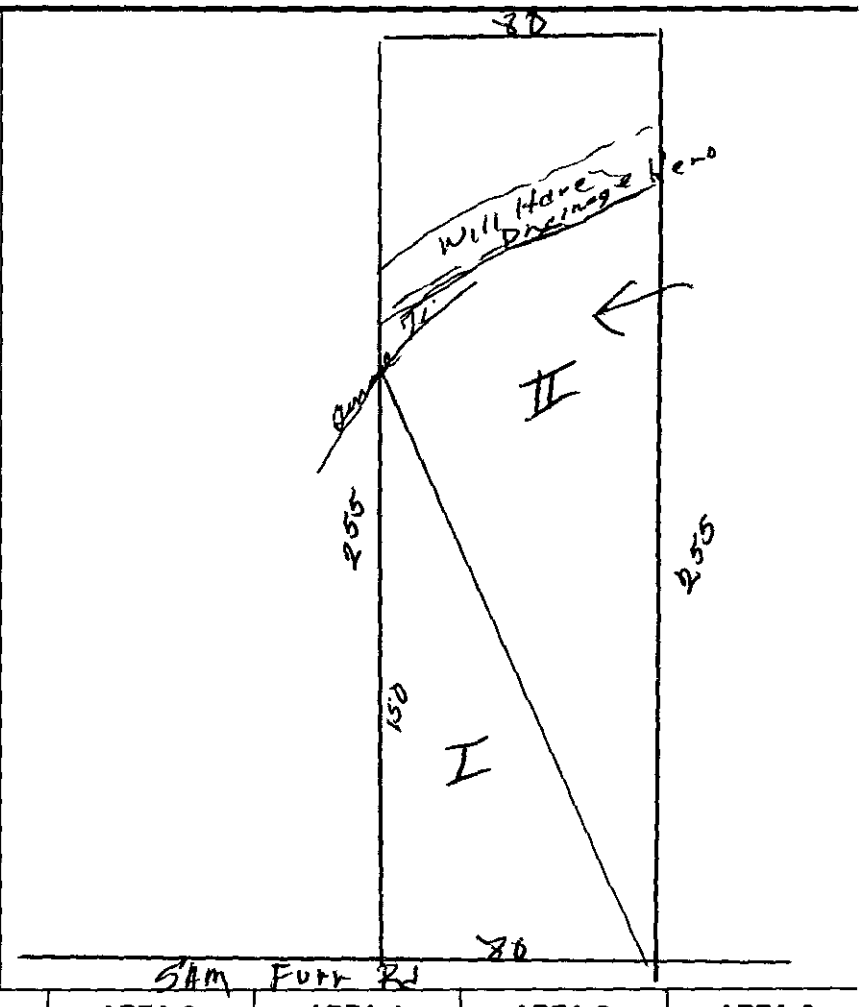
Lot: Block: Acres: .52

Owner:
Address:

Comments: _____

Described by: W. B. Ramsey

Date: 1-19-89



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-5	S (PS) U 2-5	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48	S PS U Unknown	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS (U) Fill	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Ida Cecil	Fill IN Cecil Local Scape				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

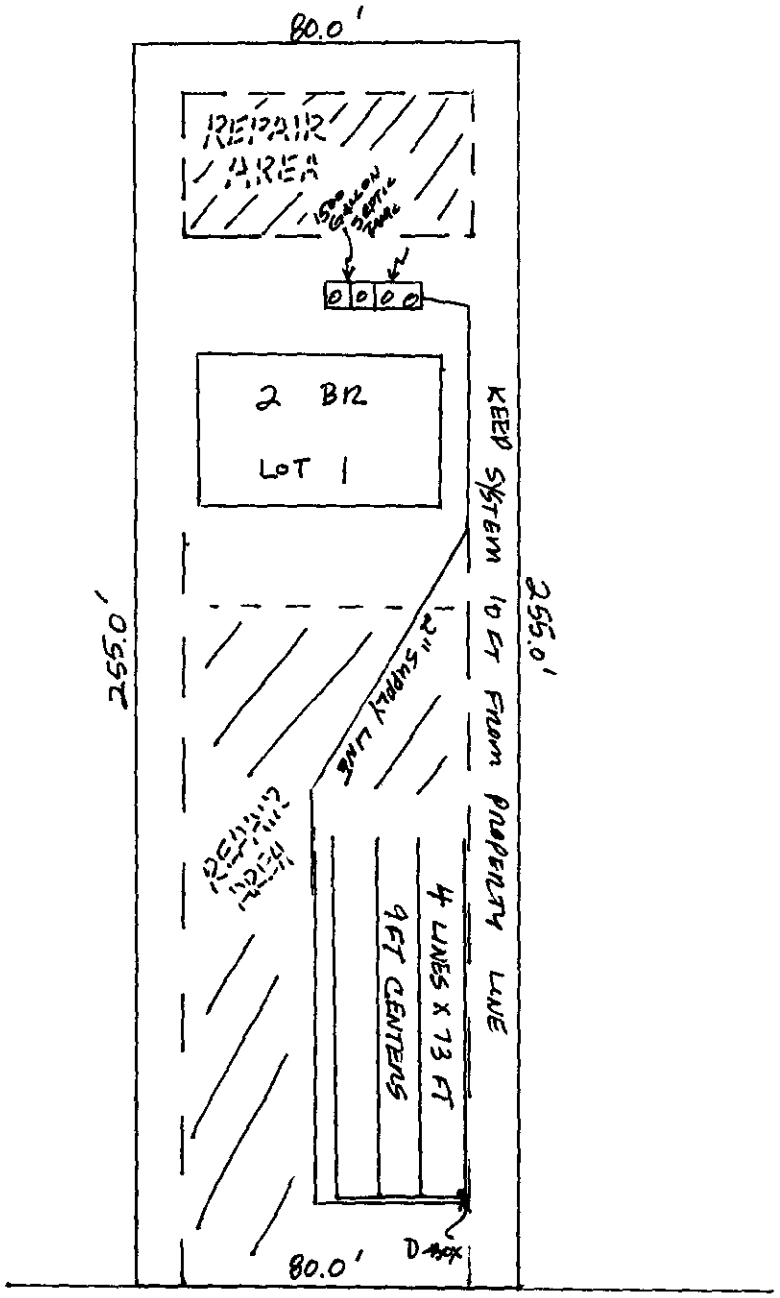
R. C. S., Inc.

Septic Tank Installation & Service

LAND ACQUISITIONS / TIM PLYLER

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359

1" = 40'



8250 SAM FUNK ROAD

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5284A

TC: 009-141-01 90

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: SAM FURR ROAD

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

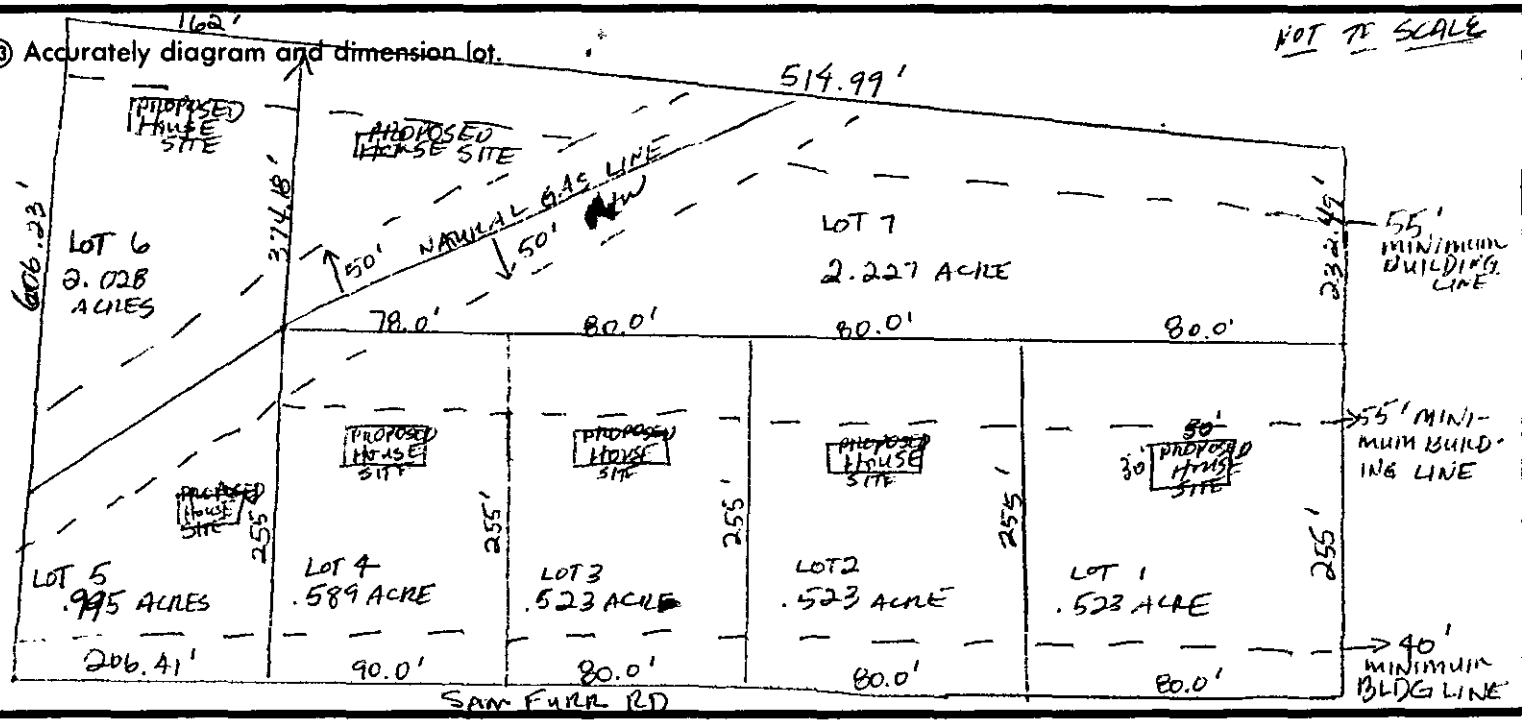
⑦ NAME: LAND ACQUISITIONS, INC / TIM PLYLER
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 20721 TORRENCE CHAPEL ROAD, SUITE 102B

⑨ CITY: DAVIDSON ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) 892-4600 (HOME) 892-9585

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Mecklenburg County services are available without regard to ethnic origin, sex, or disability

Date: 12/15/89

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 12/15/88

Name/Company RCS Inc

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil - Pre-Prelim.
Sec.
#528471

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

DEC 15 1988

Fee: $ 90 —

Completed by

Collected by